

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/27/00</i>
O.I.P.E. CLASSIFIER		49	<i>6/27/00</i>
FORMALITY REVIEW		69055	<i>8-17-00</i>
RESPONSE FORMALITY REVIEW		69055	<i>12-6-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	0	0	
5	0	0	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	0	0	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	0	0	
18	0	0	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
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25	✓	✓	
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27	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions  
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